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ABSTRACT

The purpose of this study was to develop Associate Degree nursing program guidelines for Riverside Community College (RCC), in California, regarding mandatory nursing student assignment to Acquired Immune Deficiency Syndrome (AIDS) patients, and student refusal of such assignments in a clinical setting. During the 1990 fall semester, RCC's Nursing Curriculum Committee drafted and revised the guidelines with the researcher serving as facilitator. Two surveys were conducted for data collection. First, 25 administrators, representing the Dean/Director's Organization of Southern California Associate Degree Nurses, were surveyed to determine the status of any existent AIDS-related policies for nursing programs. In addition, 12 RCC nursing faculty were surveyed to determine their attitudes, beliefs, and concerns about mandatory AIDS-related assignments for students. Selected findings included the following: (1) 56% of the administrators did not ensure that all of their nursing students were assigned to AIDS patients; (2) 84% of the administrators indicated that their institutions did not have a policy regarding the right of a student to refuse to care for AIDS patients; (3) 50% of the faculty felt that nursing students should be assigned as students to AIDS patients; (4) 76.9% of the faculty members were willing to participate in clinical procedures with students who were assigned to AIDS patients; and (5) 53.8% of the faculty felt that students had a right to refuse assignment to an AIDS patient. The study report includes the "Policy for Student Assignment to AIDS/HIV-Seropositive Clients," which was approved by 75% of RCC's nursing faculty, a literature review, recommendations, the survey instruments, and narrative responses. (MAB)

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DEVELOPMENT OF GUIDELINES RELATED TO RIVERSIDE COMMUNITY COLLEGE NURSING STUDENT MANDATORY ASSIGNMENT TO AIDS PATIENTS IN THE CLINICAL SETTING

ED349048

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A Practicum Report presented to Nova University in partial fulfillment of the requirements for the degree of Doctor of Education

Nova University

January, 1991

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The rapidly escalating AIDS epidemic is causing nurse educators and administrators to recognize that nursing programs must be prepared to deal with significant related political, economic and legal issues that will impact nursing education in the future. The development of guidelines for assignment of nursing students to AIDS patients is becoming an issue of paramount importance for community college Associate Degree nursing programs. This issue of assignment of students to AIDS/HIV-positive patients, and potential refusal of such assignment should be formally addressed.

The purpose of this study was to develop Associate Degree Nursing Program guidelines regarding mandatory nursing student assignment to AIDS patients, and refusal of such assignment in the clinical setting at Riverside Community College, Riverside, California. The Nursing Curriculum Committee served as the vehicle for drafting, revising and recommending the finished product to the entire nursing faculty for consensual approval. The researcher served as group facilitator during this process, which occurred during the fall semester, 1990.

This developmental research study utilized two survey instruments in data collection. Twenty-five administrators representing the Dean/Director's Organization of Southern California Associate Degree Nursing Programs were respondents to the Dean/Director's Survey. This tool was modeled after an AIDS questionnaire that was used in a national

survey of 547 schools of nursing. Twelve faculty members were respondents to a Faculty Survey, designed to measure faculty attitudes, beliefs and concerns about student exposure to the HIV virus.

Survey results were incorporated with literature review, resulting in the development of a policy reflective of nursing faculty views at Riverside Community College. Major political, economic and legal themes emerged as significant concepts and observations related to AIDS policy development, and were summarized in the study. The Policy for Student Assignment to AIDS/HIV-Seropositive Clients was forwarded to the Dean of Allied Health for implementation after formal faculty approval was achieved. Recommendations included that the policy be submitted to institutional legal counsel for evaluation.

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Chapter 1

INTRODUCTION

The development of guidelines for assignment of nursing students to AIDS patients is becoming an issue of paramount importance for community college Associate Degree nursing programs. Because fear and emotion so often accompany discussions and presentations about AIDS, it is vitally important that policies and guidelines be developed by faculty in order to make appropriate decisions regarding student situations (Carwein, 1988:16). Chitty (1989:151) found that as of 1989, no national research studies on the status of AIDS education in nursing curricula had been done. Chitty's subsequent work then determined that fewer than nine percent of 366 participating nursing schools had formulated a policy regarding students providing direct care for AIDS patients. Hodges and Poteet (1987:566) reported on six specific concerns for health care workers published by the U.S. Centers for Disease Control. Bowles and Carwein (1988:349) determined that very few schools of nursing have addressed the issues that are facing nursing education regarding AIDS. Specifically identified by them were issues related to mandatory assignment of students to AIDS patients, and procedures for student refusal to accept such assignments.

Statement of Purpose

The purpose of this study was to develop Associate Degree nursing program guidelines regarding mandatory nursing student assignment to AIDS patients, and student refusal of such assignments in the clinical setting at Riverside Community College. Resultant guidelines were forwarded to the Dean of Allied Health for implementation, after formal approval by a consensus of nursing faculty, in a regularly scheduled nursing faculty meeting at Riverside Community College.

Significance of the Study to Riverside Community College

Nurse educators at Riverside Community College will be able to benefit from the development of guidelines for the nursing program that will address the cogent political, legal and economic issues of mandatory exposure of nursing students to AIDS that will impact the institution at some future time. Carwein (1988:15) states that "Schools will be in a much better position to deal with such issues if guidelines/policies are already in place, rather than having to react to a new and unfamiliar situation."

Relationship of the Study to the Seminar

The Politics, Law and Economics of Higher Education Seminar at Nova University focused on the interrelatedness of these three essential concepts to decision-making and leadership in higher education. It is noted that academic policies made in any one of these cogent areas will impact upon the others. As is seen in the area of mandatory AIDS clinical assignment, there are a multitude of inherent issues which will impact legislative, political and economic considerations for nursing education in the community college system. Focusing on these areas related to mandatory AIDS exposure and student refusal of such assignments assisted nurse educators and administrators at Riverside Community College to develop sound institutional policies for implementation in nursing education.

Since the focus of this practicum was on developmental methodology related to AIDS policy formulation, no hypotheses were stated, and no statistical analyses were required.

Chapter 2
REVIEW OF THE LITERATURE

Acquired Immune Deficiency Syndrome (AIDS) in the United States is rapidly becoming an ominous life-threatening epidemic. Ungvarski (1988:30) states that fear of transmission, refusal to care for, or actively avoiding caring for persons with AIDS is well documented in the literature. AIDS is forcing nurse educators to examine inherent ethical, political, legal and economic ramifications related to nursing student exposure to this terminal illness in the hospital setting. Kadzielski (1989:33) states that "there are currently two epidemics sweeping this country: AIDS and AIDS anxiety. The latter is the much larger epidemic by far, both in terms of the number of persons it affects as well as in the multifaceted implications it raises." Creighton (1986:16) finds that "at seminars and workshops around the country, nurses ask questions about whether or not they may refuse to carry out an assignment to give care to a patient if they have moral, medical and ethical objections to so doing." There is an escalating likelihood that students in nursing programs today will encounter a patient diagnosed with AIDS at some time during the clinical education process (Lester and Beard, 1988:399). Matocha (1989:36) states that "The Human Immunodeficiency Virus (HIV) epidemic raises the question of whether students should be required to provide nursing care for clients whose diagnosis or treatments may jeopardize student's health. Policies and procedures are necessary to provide a framework of functioning for faculty and students when students question their patient assignments."

This is an issue of paramount importance, since through error, AIDS exposure could signal a potential death sentence to nursing students, as well as potential litigation for the institution. Therefore, policy development regarding nursing student exposure to AIDS in the clinical educational setting should become a top priority for nurse educators in the 1990s. AIDS policy development is a rapidly escalating emergent necessity in health education. Educators must be

keen about the potential impact of this devastation to the individual, and to the institution. They must necessarily take action to ensure safety in the learning environment, while simultaneously guarding the tenets of institutional viability.

Related concepts of politics, law and economics are closely intertwined. From a systems perspective, each of these concepts may be seen as separate subsystems of postsecondary education which is uniquely related to AIDS policy development. Each of these related concepts can be assessed as a segment of either the institution's internal or external environment. Literature review indicates that decisions affecting colleges and universities, whether internal or external to the institution, are made in a political context. Postsecondary institutions are shaped and structured by legal parameters at the local, state and federal governmental levels, as well as by regional and specialized licensing and accrediting bodies and special interest groups (Blocker, Bender and Martorana, 1975). Annas (1988:844) states "the law does set a minimum standard of conduct below which health care professionals cannot fall without risking lawsuits, loss of license, or loss of employment." Annas continues:

> The law's influence can be seen most relevantly by examining: common law principles relating to emergency treatment and the obligations inherent in a provider-patient relationship; statutes dealing with discrimination; and contractual agreements related to treatment obligations. In addition, professional associations, state licensing boards, hospitals and medical schools can articulate standards of professional conduct that have legal implications for practitioners.

Astute nursing educators must remain knowledgeable about political and legal ramifications during the design process and implementation of AIDS-related policies.

AIDS policy development is influenced by several guidelines and mandates drawn from groups in both the internal and external environments. A major component in the external environment is the federal government. McGuiness (1981) states that the federal government

through massive involvement, ensures that state institutions of higher education are compliant with major legislation regarding civil rights, sex, age and handicapped discrimination, safety standards, privacy of records, and other such matters which provide for the general welfare of the citizens of the nation. McGuiness notes that the complex interaction between postsecondary education and the federal government takes place not in isolation from, but in integral relationship to, the multiple political, economic and societal forces affecting the nation as a whole and all social situations of which AIDS education appears to be an example.

In the external environment of the institution, federal mandates to be considered include compliance with Sections 503 and 504 of the Rehabilitation Act of 1973, prohibiting discrimination against individuals that are handicapped for all hospitals receiving federal funds, including Medicare and Medicaid (Hopp and Rogers, 1989:199). The same prohibition applies to private practitioners receiving Medicare and Medicaid funding. In 1988, a Department of Justice ruling applied this to persons with AIDS (PWAs) and persons with HIV infection, stating protection is guaranteed by the federal law barring discrimination against the handicapped in government jobs and federally funded programs (Hopp and Rogers, 1989: 199). Kadzielski (1989:36) concurs, by stating:

> HIV infection, including AIDS, is a physical handicap under the laws of most states and under federal law. All patients and employees with HIV infection are entitled to the legal protections afforded other handicapped individuals. Under applicable principles of handicap discrimination law, a health-care institution may not discriminate against an HIV-positive patient or else it runs the risk of losing all government reimbursement and tax-exempt status for doing so.

The American Nurse's Association takes the following stance:

> Persons with AIDS may be considered by law to have handicapping conditions. The legal rights of these individuals must be guaranteed, and existing support services for handicapped individuals must be made available to students or employees disabled by HIV infection (ANA, 1988:3).

The Hill-Burton regulations prohibit discrimination based on race, color, national origin, creed, or any other grounds unrelated to an individual's need for the service or the availability of the service in the facility (Hopp and Rogers, 1989:199).

The American Nurse's Association and the National League for Nursing are major groups influencing the institution's external environment. The American Nurse's Association's Committee on Ethics concludes that "in most instances, it would be considered morally obligatory for a nurse to give care to an AIDS patient." In the special case of a nurse who is immunosuppressed, "the individual nurse must... choose whether or not to go beyond the requirement of duty.' The ANA also cites the Nursing Code of Ethics in expressing the following adamant view:

> The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems" (ANA, 1985).

Ungvarski (1988:31) states that "the Code for Nurses does not allow nurses to refuse assignments; it allows them to object to interventions but not to determine which patients shall receive their nursing care ."

The National League for Nursing offers general guidelines for addressing AIDS within the academic environment as well:

> The National League for Nursing believes that in the present crisis, nurses as primary providers of care, and schools of nursing as institutions charged with preparing students for professional practice, have a clear and urgent obligation. Foremost, nurses must set an example of compassionate, humane care and equal treatment of all persons afflicted with AIDS. Nurses must be in the forefront of those providing accurate, current information on the modes of transmission of the AIDS virus, the protective measures that every individual must take to prevent further spread of the virus, and the techniques and treatments currently available to assist those infected with HIV. Schools of nursing, as well as all educational institutions, should undertake a comprehensive program to educate, and thus protect to the best of their ability, all of the population segments within their community (NLN, 1988).

Additionally, the National League for Nursing issues the following statement:

> The League believes schools of nursing have a unique obligation to their students at this juncture—to impart not only technical skills and knowledge, but to emphasize the psychosocial skills and understanding so critically necessary for the care of AIDS patients, and to provide the counseling and support so critically necessary for the caregivers (NLN, 1988).

The National League for Nursing states that nursing professionals, including faculty, have a fundamental responsibility to provide care to all patients assigned to them, and that refusal to care for AIDS patients is contrary to the ethics of the nursing profession. The League states:

> Just as nursing professionals have a moral commitment to patients, faculty of the school of nursing have a special responsibility to exemplify the standards of ethical behavior and compassion expected of students preparing for a career in nursing (NLN, 1988).

It is noted that caring for AIDS patients is both an art and a science that requires an adequate knowledge base and the ability of nurses to deal with their own emotional fears about the disease (Sargent, 1989:8). In an April, 1988 convention of the National Student Nurse's Association, it was resolved "that NSNA support the right of students to care for AIDS patients; and...encourage students to accept assignments of patients who are HIV positive or have AIDS while they (students) are...under clinical supervision (AJN, 1988:892).

There are numerous factors at work which influence the external environment of the higher education institution at the state level as well. The National Commission on the Role and Future of State Colleges and Universities (1986) states that historically, under the Tenth Amendment to the Constitution, public responsibility for the support and control of education is vested in the states, which have been the basic source of laws and charters granted to postsecondary institutions during the past two centuries. Kaplin (1986) notes that state governments have general, rather than limited powers, and can claim all power not denied

them by the federal Constitution or their own state constitution. As a result, the states have the greatest amount of legal authority over postsecondary education. Their functions include planning, coordinating, regulating and funding. These functions are performed through a myriad of agencies, including boards of regents; statewide planning or coordinating boards; departments of education or higher education; institutional licensure boards or commissions; State Approved Agencies (SAA's) and various professional and occupational licensure boards, which indirectly regulate postsecondary education by evaluating programs of study and establishing educational prerequisites for taking licensure exams.

Annas (1988:846) finds that "most states have enacted laws, modeled after the federal civil rights legislation, that prohibit public accommodations from discriminating against individuals on the basis off handicap." Annas feels that these laws will provide the broadest protection for individuals if they are construed to include HIV-infected individuals. At the state level, boards of nursing are empowered to mandate and implement AIDS policy. Hurley and McGriff (1989:2) summarize this issue:

> In reality it is not a code of ethics of personal choice that directs the practice of nurses and other licensed health care professionals. Only state licensing boards have the right to regulate practice. These regulations can lead to license suspension or revocation. To date, state boards of nursing have not addressed the issue of nurses refusing to care for AIDS patients.

Annas (1988:847) states "health professionals are licensed by state agencies in each of the fifty states, licensing that grants them a monopoly and makes the practice of their profession without a license a crime." Annas finds: "Unlike private medical organizations, like the AMA and the ANA (American Nurse's Association), the regulations promulgated by these licensing boards have the force of law, and violation of them could lead to license suspension or revocation."

Nursing program policies related to AIDS exposure are also derived as a result of group interactions in the internal environment of the institution. This internal environment is comprised of group interactions of nursing faculty, institutional committees and administrative decisions made which relate to internal policy development. Schools of nursing throughout the United States must begin to deal with the many issues surrounding AIDS that are confronting the practice and profession of nursing:

> Because fear and emotion so often accompany discussions and even scientific/factual presentations about AIDS, it is vitally important that policies/guidelines be developed by faculty in order to make appropriate decisions regarding student situations (Carwein, 1988:16).

Durham (1988:233) states that "although the need is urgent for nursing schools to develop an AIDS policy, policy makers should be circumspect in their deliberations because the issues under consideration are complex and controversial." Chitty (1989:151) in a review of related literature completed in 1989, determined that no national research studies had been done to that date on the status of AIDS education in nursing curricula. Chitty's subsequent study undertaken determined that fewer than nine percent of 366 randomly selected NLN-accredited nursing school participants had formulated a policy regarding students providing direct care for AIDS patients. Chitty concludes that today's nursing students will undoubtedly be required to care for tomorrow's AIDS patients and therefore, must be educated appropriately for the task. In a similar study, Bowles and Carwein (1988:349) determine that "It became apparent that issues regarding AIDS were of concern to many schools of nursing, but little had been done to investigate the impact of these issues, or to determine what particular concerns or aspects of them seemed to be most important for the nursing schools." Furthermore, Chitty notes:

> The results reveal that very few schools of nursing have addressed the issues that are facing nursing education regarding AIDS. Specifically, student assignments to AIDS clients, student refusal to care for AIDS clients and nursing students who are either HIV antibody positive or have been diagnosed as having AIDS. These are issues of critical importance with which the nursing profession must deal.

Similarly, Hodges and Poteet (1987:566) note that the U.S. Centers for Disease Control published a report regarding three health-care workers that became infected with HIV, which raised questions for nursing faculty members and administrators. Specific concerns identified include: (1). How can schools of nursing ensure faculty member's and student's safety against HIV infection? (2). What are the best ways to deal with educator's and student's fears and negative attitudes toward AIDS patients? (3). What policies and procedures should be in place to safeguard faculty members and students and to reduce the risk of legal problems if seroconversion occurs in an educator or students who have been exposed to HIV-infected body fluids or blood? (4). Will the government eventually require HIV testing for students and educators, and if it does, will individuals who test positive for the virus be allowed to care for patients? (5). How should AIDS be fitted into curricula? and (6). What impact will AIDS have on school's abilities to recruit and retain students and faculties?

Chitty (1989:151) concurs by stating that legal liability concerns in schools of nursing have increased since a May, 1987 Centers for Disease Control report describing new evidence of HIV infection in three health care workers exposed to infected blood. Hodges and Poteet (1987) recommend ways for schools to decrease their potential liability to students and faculty. Their suggestions include comprehensive education for faculty and students on all aspects of the disease, familiarity with CDC guidelines to prevent the spread of AIDS in health care workers and close supervision of students assigned to HIV-positive patients. Hodges and Poteet (1987:567) recognize that potential HIV contraction in the clinical setting does raise questions about legal and financial liability. They admonish that administrators of schools of nursing have a dual responsibility:

> They must establish policies and procedures that will ensure that their faculty members and students are safe as they deliver patient care, but they must also set policies and procedures that will protect their institution's financial viability in the event that an educator or student develops HIV antibodies after participating in clinical laboratory assignments.

Lester and Beard (1988:403) state that it is a controversial issue in nursing education whether or not students should be assigned, from the faculty's point of view, in terms of liability. Creighton (1986) and Kadzielski (1986) find that faculty, nursing management and legal advisors may be giving students mixed messages about caring for AIDS patients. Creighton (1986:15) cites the following concerning the question of whether nursing students should be assigned as primary caregivers for AIDS patients:

> ...(1.) There is some merit in negotiating students out of this assignment since they are not experts in infectious diseases; (2.) Students have a right to refuse such assignments to AIDS patients and are responsible for finding alternative clinical experiences that will meet the same objectives; (3.) to protect themselves, faculty members should take reasonable steps to make students aware of basic precautions; keep anecdotal notes on the student's readiness for the experience and supervise students closely when they are in contact with body fluids.

Kjervik (1990:64) states that an AIDS-related legal liability is on the horizon now which compares to the duty to warn, established in the California Tarasoff v. Regents of University of California case. This duty to warn was established via court consideration of the importance of confidentiality by a mental health practitioner and the need to protect the public from harm. Wiley, Heath and Acklin (1988:244) report on a nursing student survey at Loyola University of Chicago in which more than half of the students in the survey felt that health workers should be allowed to refuse to treat seropositive patients. Matocha (1989:36) notes that during the spring of 1988, a student at the College of Nursing at the University of Delaware, Newark, Delaware, challenged a faculty member's clinical assignment to an AIDS patient. This episode resulted in policy development at that institution.

Burley and McGriff (1989:2) state that schools of nursing should have general policies regarding equal treatment of all individuals; unwarranted discrimination; and students/employees with HIV infection. It is recommended that an institutional committee should be in place

for making and implementing appropriate policy decisions. Hurley and McGriff cite the NLN Nursing Code of Ethics by recommending that professionals, including faculty, have a fundamental responsibility to provide care to all patients assigned to them, and that refusal to care for AIDS patients is contrary to the ethics of the nursing profession. It is felt that institutional and school policies must contain the flexibility to respond to each case as required by its particular facts, for example, faculty unwilling to assign students to AIDS patients and/or students refusing to care for AIDS patients.

Chitty (1989:345) makes the following observation:

> Why schools have been slow in developing AIDS policy directives is unclear. What is perfectly clear is that failing to create a comprehensive, written policy statement leaves schools of nursing in a vulnerable position vis a vis their several constituencies—students, faculty members, and the clients they encounter during student's clinical experiences and faculty practice.

Durham (1988) observes that schools without AIDS policies will surely be forced to muddle through in their efforts to avert a legal or ethical crisis at some point in the near future, stating, "Schools of nursing that have not already begun or completed work on such a policy should ask whether they are prepared to face the consequences of their inaction." Durham feels that while developing policy in this area may be fraught with difficulties, dealing with a situation for which there are no guidelines may prove to be considerably more problematic. Chitty (1989:345) "calls upon the deans and directors of the nation's schools of nursing to create task forces to deal with policy formulation and to equip them with the resources needed to accomplish their task." Chitty continues:

> Administrators are encouraged to select task force members based on their unbiased attitudes toward antibody-positive individuals as well as their infection control, legal, and ethical expertise. Guidelines for the policy statement itself include suggestions for consistency with the parent institution's policies, regular policy review, consistency with recent antidiscriminatory judicial interpretations, statements on antibody screening of

> prospective or current students and faculty members, reasonable safety of students and faculty members in clinical settings, and assurance of complete confidentiality for antibody-positive students, faculty members, and staff members."

Hopp and Rogers (1989:198) make the following recommendations regarding policy formulation regarding AIDS exposure:

> The various health professions should work out guidelines for case-by-case evaluation of potential risks and benefits. The professions can reduce the risk to any one person by involving all the relevant personnel in caring for patients with AIDS or HIV infection. Determining these guidelines will not be an easy task, but it will reduce the likelihood that another group of people (such as politicians or bureaucrats) will take responsibility for determining such guidelines and in effect telling health care personnel what risks they must take. If the appropriate professional groups do not do this work, some government agency will do it for them.

The preceding discussion has indicated that the politics of higher education are inescapable and inevitable. Those who choose not to get involved have decreed their own ineptness (Martorana, Kelly and Nespoli, 1987:54). Similarly, the political arena is in fact everything that surrounds us, for those who choose not to get involved must still deal with the consequences (Martorana, Kelly and Nespoli, 1987:7). Nationally, it is seen that there is an alarming lack of administrative action that has been taken related to policy development for nurse educators and nursing students that may interact with persons with AIDS. It is seen that numbers of individuals that are HIV-positive and are diagnosed with AIDS are rapidly escalating. It appears to behoove the insightful educator to be proactive in AIDS policy promulgation. Durham (1988:234) feels that schools of nursing should not delay in formulating an AIDS policy, because "many of the concerns mentioned here will inevitably confront them." As has been seen, legal and economic decisions affecting colleges and universities, whether internal or external to the environment of the institution, are made in a political context. Astute nurse educators should begin the process of AIDS policy formulation while continuing to monitor the variables at work which will impact the institution.

Chapter 3

METHODOLOGY AND PROCEDURES

This developmental research study utilized two separate survey instruments that aided in the formulation of official guidelines at Riverside Community College related to nursing student exposure to and refusal to care for patients with AIDS in the clinical laboratory setting. The first tool, the Dean/Director's Survey (Appendix A) elicited data regarding the status of any existent or potential AIDS-related policies in Associate Degree nursing programs throughout southern California. This tool determined the number of respondents that either had, or were in the process of developing and implementing AIDS-related policies. It was hoped that data generated would assist in AIDS guideline formulation at Riverside Community College.

The second tool, the Faculty Survey (Appendix B) measured faculty attitudes, beliefs and concerns about mandatory AIDS-related assignments for nursing students at Riverside Community College. Reactions and anticipated repercussions for student refusal to care for assigned AIDS patients were also addressed.

Survey Instruments

The Dean/Director's Survey (Appendix A) was adapted from Chitty's eleven-item survey questionnaire that was designed to obtain information from selected schools in a national survey of 547 schools of nursing (Chitty, 1989:152). Content validity of this open-ended questionnaire was established at the University of Tennessee, Chattanooga, through a study of the literature and review by a panel of experts consisting of nurse educators and researchers (Chitty, 1989). Information elicited from this tool included: (1). The total number of didactic, observation, and direct care hours provided to students;

(2). The type of didactic content; (3). The nature of elective courses on AIDS in the nursing curriculum; and (4). The nature of policies regarding students caring for AIDS patients.

Twenty-five administrators representing southern California Associate Degree nursing programs were respondents to the Dean/Director's Survey. A list of participant representatives from institutions may be seen in Appendix C. These individuals maintain membership in the Associate Degree Nursing Dean/Director's Organization of Southern California, which meets monthly or bi-monthly at a southern California community college. This organization collaboratively focuses on issues impacting nursing and nursing education in the region, state and nation. The Dean/Director's Survey was distributed by the Dean of Allied Health to repondents in attendance, and collected at the closure of a fall, 1990 meeting of institutional administrators.

The Faculty Survey (Appendix B) was developed after a comprehensive review of related literature. Questions formulated were based upon findings and recommendations in the literature. Initial drafts of the survey were submitted and reviewed in a meeting of the Dean of Allied Health, and the Chairpersons of the Associate Degree and the Licensed Vocational Nursing Programs. These individuals served as a panel of experts in reviewing the Faculty Survey instrument for comprehensiveness. Feedback regarding modifications and re-ordering of items was received and revisions were subsequently made. This anonymous tool was administered to the nursing faculty at Riverside Community College in a regularly scheduled faculty meeting during the fall semester, 1990.

Draft of Policy

An initial draft of suggested guidelines related to nursing student exposure to AIDS in the clinical setting, and refusal of such assignments was developed by the researcher after consideration and incorporation of responses to the Faculty Survey. The Nursing Curriculum Committee was instrumental in the revision, evaluation and

formal approval of the AIDS policy at Riverside Community College. This committee is composed of eight members: four faculty representing each level of the four semesters of the Associate Degree Nursing Program; the Department Chairpersons of both the Associate Degree and the Licensed Vocational Nursing Programs; and two nursing students representing each nursing program.

In an October, 1990 faculty meeting, approval was received from a Co-Chairperson of the Nursing Curriculum Committee to place the topic of AIDS policy development on the agenda for the 1990-91 school term. At that meeting the following articles were distributed to Curriculum Committee members, including student representatives, since the articles had been determined by the researcher to comprehensively address significant AIDS-related policy issues for schools of nursing: (1). Chitty, 1989a; (2). Matocha, 1989; (3). Chitty, 1989b; (4). Carwein, 1988; and (5). Bowles, 1988.

Committee Process

The Nursing Curriculum Committee met a total of four times during the fall semester, in October, November and December, 1990, with each meeting lasting approximately two hours. A target date was identified for presenting the proposed policy to a meeting of the entire nursing faculty for formal approval. The researcher served as a group facilitator throughout this process. The Curriculum Committee members recommended further information-gathering related to the following areas: (1) Validating with the college health officer about any previously existent campus-wide AIDS policies; (2). Contacting college administrators to receive feedback regarding potential AIDS policies and related liability and nursing student insurance issues; (3). Reviewing the Associate Degree Nursing Program policies related to students with needlestick injuries; (4). Reviewing existent Curriculum Committee and Associate Degree Nursing Program minutes of meetings to see if any previously approved policies would pertain to the AIDS issue, and; (5). Checking with affiliating clinical agencies to ensure that any emergent AIDS-related policies would be compatible with Riverside Community College policies.

Significant global discussion items focused on by the Nursing Curriculum Committee during scheduled meetings included the need to address the following: (1). Whether or not committee consensus existed initially regarding the appropriateness of assigning students to AIDS/HIV-positive patients in the clinical setting; (2). Whether or not there was a need to specifically address the issue of students that refuse an AIDS/HIV-positive assignment, or whether this concept should be inherent and incorporated into the broader policy statement; (3). Measures for determining clinical preparedness of the student to accept and master such assignment; (4). The issue of whether or not it would be sufficient for students to be exempted from an AIDS/HIV-positive assignment if the clinical objectives could be met by alternate means; (5). Valid health reasons for exempting a student from an AIDS/HIV-positive patient assignment; (6). Whether or not it would be helpful or necessary to distinguish between AIDS patients and those that are diagnosed as HIV-positive in making clinical assignments, and in policy statements; (7). Ensuring that affiliating clinical agencies will continue to maintain maximum safety standards for health care workers and nursing students; (8). The need for the use of universal precautions, as advocated by the Centers for Disease Control in Atlanta, (CDC, 1989:1); (9). The invaluable learning experience to be derived in the affective area that is provided by student exposure to AIDS/HIV-positive patients in the clinical setting; and (10). The significance of data generated by the Faculty Survey and the Dean/Director's Survey in light of the previous considerations.

Other, more microscopic issues addressed by the Nursing Curriculum Committee included: (1). Whether or not patients in the high-risk categories and/or patients with HIV test results pending should be addressed by the policy; (2). Identification of significant other issues that will need to be included in the policy with future expansion and revision, such as policies for dealing with students and faculty that are, or may become HIV-positive; (3). The need to clarify to students that licensed registered nurse practitioners do not have an option in

the selection of patient assignments; (4). The need to include adequate references in the policy, such as the American Nurse's Association Code of Ethics (ANA: 1985) and the Centers for Disease Control guidelines regarding the use of universal precautions in the clinical setting (CDC: 1988); (5). The format of the policy: whether to use narrative or outline form; whether to use the concept of 'client' vs. 'patient' and whether to use the term 'guidelines' vs. 'policy'.

The Nursing Curriculum Committee continued to meet until consensus was reached by more than fifty percent of the members regarding significant issues that were addressed in the AIDS policy. After reaching consensual approval, the recommended Riverside Community College AIDS policy was presented to a meeting of the whole of the nursing faculty, which lasted approximately two hours, in December, 1990. Nursing Curriculum Committee policy recommendations were actively discussed by faculty and a vote was taken. When approval of more than fifty percent of the faculty was reached, the recommended Riverside Community College Policy for Student Assignment to AIDS/HIV-Seropositive Clients (Appendix D) was forwarded to the Dean of Allied Health for implementation.

Assumptions

It is assumed that the nursing faculty values the newly-developed policy, and will actively incorporate it into the clinical decision-making process regarding student assignments to AIDS/HIV-positive patients.

Limitations

This study proved to be very beneficial and useful in the development and approval of a Policy for Student Assignment to AIDS/HIV-Seropositive Clients in the Associate Degree Nursing Program at Riverside Community College. However, its applicability and generalizability to other institutions may be limited, since the policy statement reflects faculty opinion and beliefs of a small segment of community college nurse educators at one institution in a specific geographic area in southern California. Circumstances at other institutions may require a different approach to AIDS policy promulgation.

An additional aspect of AIDS policy formulation that may be seen as a limitation was that the new Riverside Community College document will require future expansion to address many other significant issues that the current newly-developed policy does not address. Examples are procedures for dealing with and screening of students and faculty members that are, or may become HIV-positive.

Chapter 4

PRESENTATION OF RESULTS

A Policy for Student Assignment to AIDS/HIV-Seropositive Clients was developed for Riverside Community College as a result of this developmental research project and may be seen in Appendix D. The policy reflects composite views of nursing faculty related to the issue of student exposure to the HIV virus in the hospital setting in Riverside, California. The policy incorporates significant concepts addressed by and reviewed in meetings of the Nursing Curriculum Committee, such as the American Nurse's Association Code of Ethics, and observations other authors and researchers have presented previously in the literature review.

Tabulation of the responses to the Dean/Director's Survey, the Faculty Survey and other elements of the descriptive study are addressed in the following narrative. Tables summarizing narrative comments generated by survey instruments are included in Appendix E and Appendix F of the study. The tabulation of the responses to the survey submitted by twenty-five Deans/Directors of Southern California Associate Degree Nursing Programs (Appendices A and C) provided the following information:

-- The total number of credit hours devoted to AIDS in nursing courses indicated that for a majority of respondent schools, sixteen, (64%) AIDS content is integrated, and credit hours cannot be determined. Five schools (20%) devote from 1 - 3 hours, one school (4%) devotes from 4 - 6 hours, and five schools (20%) indicated that more than six credit hours are devoted to AIDS curriculum. It was noted that two respondents indicated more than one response to this item. Table 1 depicts the Dean/Director's Survey responses to item one:

Table 1

Dean/Director's Survey Regarding Total Number of Credit Hours Devoted to AIDS Curriculum (Question One)

Credit Hours	Number of Respondents	%
1 - 3	5	20
4 - 6	1	4
> 6	5	20
content integrated	16	64
*more than one response	2	

-- Fourteen (56%) of the twenty-five respondent schools indicated that their program does not attempt to ensure that all students are assigned to care for AIDS patients during their clinical experience. Six respondents (24%) answered affirmatively, indicating that attempts are made to ensure student assignment to AIDS patients. Five respondents (20%) left this item blank.

-- A majority of respondents indicated that their program or institution has not developed formal guidelines/policies related to AIDS. Thirteen (52%) denied development of such policies. Eleven respondents (44%) indicated affirmatively, and one respondent (4%) left the item blank.

-- A majority of respondents, twenty-one, or 84%, indicated that their institution does not have a policy regarding the rights of students to refuse to care for AIDS patients. Four respondents (16%) replied in the affirmative.

-- For those answering in the affirmative to the previous question, six respondents (24%) indicated that students do have the right to refuse to care for patients and seven (28%) indicated a negative response.

Twelve respondents (48%) left this item blank.

-- Twelve respondents (48%) indicated that if they had formulated AIDS guidelines/policies for their institution, they would be willing to share results with others. Thirteen respondents (52%) left this item blank or determined it to be not applicable.

-- Eleven respondents (44%) indicated a willingness to be contacted for the purpose of sharing AIDS guidelines/policies. There were no negative responses to this item. Seven (28%) left the item blank and seven (28%) wrote in N/A for this item.

Table 2 depicts the Dean/Director's responses to the remainder of the quantifiable survey items that were previously discussed:

Table 2

Dean/Director's Survey Responses
Items 2 - 8

Question	Yes	%	No	%	Undecided	%	Blank/N/A	%	N
2	6	24	14	56	0	0	5	20	25
3	11	44	13	52	0	0	1	4	25
4	4	16	21	84	0	0	0	0	25
5	6	24	7	28	0	0	12	48	25
*7	12	48	0	0	0	0	13	52	25
8	11	44	0	0	0	0	14	56	25

*item 6 - narrative response required

Tabulation of the responses to the Faculty Survey (n = 12) produced the following results:

-- Six faculty members (50%) would assign students to a patient with AIDS. Five (41.6%) would not, while one individual (8.3%) was "unclear" on the issue.

-- Six faculty members (50%) felt that nursing students should be assigned to AIDS patients in the clinical setting. Two (16.6%) disagreed. Three (25%) replied affirmatively, "if the opportunity presents itself" and two individuals (16.6%) left this item blank.

-- Seven faculty members (53%) have assigned students to AIDS patients in the past. Five (38%) denied this action, and one individual (7.7%) left the item blank.

— Ten faculty members (76.9%) indicated willingness to participate in clinical procedures with students that are assigned to AIDS patients. One (7.7%) stated "no"; One (7.7%) left the item blank.

-- Seven faculty members (53%) felt that students have the right to refuse a clinical assignment. Five (38%) indicated that students do not have this right; One individual (7.7%) left the item blank.

-- Seven faculty members (53.8%) felt that students have the right to refuse an AIDS patient assignment; Three (23%) replied negatively; One (7.7%) stated "Not Sure"; Two (15%) left the item blank.

Table 3 depicts quantifiable Riverside Community College nursing faculty responses to the Faculty Survey:

Table 3

Responses of Nursing Faculty to Survey Regarding Assignment of Students to Patients with AIDS

Question	Yes	%	No	%	Undecided	%	Blank	%	N
1	6	50	5	41.6	1	8.3	0	0	12
2	9	75	2	16.6	0	0	1	8.3	12
3	7	58.3	5	41.6	0	0	0	0	12
4	10	83.3	1	8.3	1	8.3	0	0	12
5	7	58.3	5	41.6	0	0	0	0	12
6	7	58.3	3	25	1	8.3	1	8.3	12

At the final faculty meeting there were nine votes (75%) to approve the Policy for Student Assignment to AIDS/HIV-Seropositive Clients. Two faculty members (16.6%) voted against the policy and one individual (8.3%) abstained. The results of the faculty vote are depicted below in Table 4.

Table 4

Responses of Nursing Faculty to Approve the Riverside Community College Policy for Student Assignment to AIDS/HIV-Seropositive Clients

APPROVAL	Yes	%	No	%	Abstain	%	N
	9	75	2	16.6	1	8.3	12

Respondents to both the Dean/Director's Survey (Appendix A) and the Faculty Survey (Appendix B) offered narrative comments regarding each item as requested. These comments may be seen in Appendices E and F, respectively.

Narrative comments were offered by Dean/Director respondents for each of the twelve survey items. Numerous themes emerged as a result of reviewing the survey and are depicted as follows:

-- Often the patient's diagnosis is unknown; test results may be pending; results may be false positive or false negative.

-- Seldom do community colleges encounter large numbers of AIDS patients in the clinical setting. An exception was the City College of San Francisco, whose representative stated that AIDS exposure is part of the normal experience for students.

-- AIDS patients should be treated no differently than individuals with other illnesses.

-- Mastery of clinical objectives seemed more significant than the nature of the client illness.

-- Due to limited numbers of AIDS patients, it is not always possible to guarantee this experience for each student.

-- Some programs allow students to select their own patient assignments, while others do not allow this.

-- The semester-level of the student is seen as significant. It was apparent that respondents felt that senior students would be more proficient in the clinical area.

-- Student health circumstances may alter clinical assignments.

-- Special student advisement and counseling may be required and appropriate.

-- There are inherent ethical issues in nursing that should prevent an individual in the profession from discriminating against any client.

-- Students should be apprised of the possibility of working with AIDS patients prior to admission to the nursing program.

Major themes that emerged from Dean/Director respondents related to AIDS policy development are summarized below:

-- Most respondents did not see, or have not felt the need to develop AIDS policies.

-- Some policies that have been developed have not been tested or challenged.

-- AIDS policies may be unnecessary if the Board of Nursing, the Centers for Disease Control guidelines and National League for Nursing recommendations are followed.

-- Only four respondent schools have clear policies regarding the rights of students to refuse to care for AIDS clients.

-- There seemed to be confusion regarding the definition of a guideline/policy. Some felt that acknowledgement of Centers for Disease Control guidelines could be considered a "policy".

Major themes that emerged from Dean/Director respondents regarding the impact of AIDS on political, legal and economic aspects of the nursing program and the parent institution included:

— Several individuals offered no thoughts, or felt that this issue was negligible and insignificant.

— The nursing shortage was addressed by several respondents, regarding potential impact on applicants for admission to the nursing program.

— Several respondents felt that there would be a major impact in these areas.

-- Anxiety was identified as a significant issue by several respondents.

— Comments regarding legal issues seemed to surface frequently.

-- The effect of AIDS on the curriculum was mentioned several times.

Two major themes emerged from the Dean/Director respondents when asked for suggestions regarding policy formulation at Riverside Community College. These were to: (1). Work closely with affiliating clinical agencies and utilize their policies and procedures; and (2). Educating students is essential regarding universal precautions and related requirements for safe practice prior to engaging in clinical work with AIDS patients.

Narrative comments from the Riverside Community College Faculty Survey are summarized as follows:

— The semester-level of the student is significant. This assignment should be reserved for senior students, or those who may volunteer to work with AIDS patients.

-- Clinical objectives may be met by alternate means, making this assignment optional, rather than mandatory.

-- The student must have mastered specified curriculum before being qualified to work with AIDS patients.

-- The AIDS patient should pose no additional risk factors to students, such as being combative.

-- Student health concerns should be addressed.

— Flexibility for instructors is needed in alteration of assignments.

-- Policies would be beneficial in this area.

-- Student counseling may be required to validate knowledge, lower anxiety levels and to provide alternate assignments, at instructor discretion.

Chapter 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Discussion

This study resulted in the development of a Policy for Student Assignment to AIDS/HIV-Seropositive Clients for the Associate Degree Nursing Program at Riverside Community College. The document proved to solidify nursing faculty opinion on several aspects related to this controversial issue. This project was a substantial undertaking, in light of the fact that several significant issues were addressed and faculty consensus was reached in a matter of months. Literature review indicated that AIDS policy formulation is a monumental task, requiring months and even years of pre-planning, development, implementation and evaluation (Chitty:1989; Durham:1988; Carwein and Bowles:1988).

The initial task was to develop guidelines for mandatory assignment of nursing students to AIDS patients. A secondary task was to develop guidelines for student refusal of such instructor-made assignments to AIDS patients. Through a collaborative process, it was determined that the two identified tasks, stated as such, could be perceived to be negative and perhaps punitive. The Riverside Community College nursing faculty felt that instead, the policy statement should be more global and positive in nature. The resultant guidelines may possibly be perceived as a component of the nursing program philosophy, or even a conceptual framework which truly provides parameters for nurse educators in the clinical setting.

Conclusions

There were so many issues to be addressed by the policy that it became difficult to remain focused on specified objectives. It was clearly apparent that any decision made could impact multiple political, economic and legal aspects of the Associate Degree Nursing Program and the parent institution. As researchers have identified

in the literature, AIDS is a young disease. As a result, health educators are encountering uncharted areas in great need of decision-making and problem-solving. Since this epidemic is unprecedented, educators are required to be comprehensive in addressing the unknown future impact of AIDS on our society.

Implications

It is hoped that the AIDS policy at Riverside Community College will prove to be beneficial to students, faculty and administration. It has been made abundantly clear that there is a pressing need to establish concrete policies and guidelines, for in the very near future, institutions of higher education may unfortunately, be inundated with the need to call upon clearly delineated guidelines and policies related to HIV and the AIDS epidemic.

It seems apparent that nurse educators at Riverside Community College have accomplished the goal of developing a policy for assignment of nursing students to AIDS/HIV-positive patients in the clinical laboratory setting. As a result of this process, several positive benefits ensued. Time was taken to focus solely on the issue. An educational process began and evolved for faculty, administrators and students. Questions were asked and answers and opinions were sought. Interdisciplinary and administrative discussions were held to address the status of institutional AIDS-related policies. A heightened awareness about educator accountability and responsibility emerged. Additionally, the nursing faculty was provided with opportunities to share divergent views and to become consolidated on appropriate stances to be taken regarding assignment of nursing students to patients with AIDS.

Recommendations

The principal product of this study was the development of a Policy for Student Assignment to AIDS/HIV-Seropositive Clients for the

Associate Degree Nursing Program at Riverside Community College. After reviewing related literature, survey results and the final document, the following recommendations were made:

1. That the policy be distributed to risk management officers and college attorneys for evaluation and feedback.

2. That the policy be implemented by the Dean of Allied Health and other administrators of the college.

3. That the nursing faculty continue to review and reaffirm the policy at bi-annual Program Review meetings.

4. That the policy be confirmed to be in accordance with those at affiliating clinical agencies.

5. That the college consider the development and implementation of a comprehensive interdisciplinary AIDS/HIV management program.

6. That the policy be distributed to faculty and students as a component of official program policies.

REFERENCES

_____, "NSNA: Students Ask to Care for AIDS Patients." American Journal of Nursing, June, 1988. p. 892.

American Nurse's Association. Code for Nurses with Interpretive Statements. Kansas City, Missouri: The Association, 1985.

Annas, George J. "Not Saints But Healers: The Legal Duties of Health Care Professionals in the AIDS Epidemic." The American Journal of Public Health, 78 (7):844-849. July, 1988.

Blocker, Clyde E., Louis W. Bender and S.V. Martorana. The Political Terrain of American Postsecondary Education. Fort Lauderdale: Nova University Press. 1975.

Bowles, Cheryl L. and Vicky L. Carwein. "Survey of Baccalaureate Nursing School's Guidelines/Policies on AIDS." Journal of Nursing Education, 27:349-353. October, 1988.

Carwein, Vicky L. and Cheryl L. Bowles. "AIDS Policy and Guidelines Development." Nurse Educator, 13:14-16. March/April, 1988.

Centers for Disease Control. U.S. Department of Health and Human Services. Public Health Service. "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus and Other Bloodborne Pathogens in Health Care Settings." From MMWR, June 24, 1988. Vol. 37, No. 24, pp. 372-382, 387-388.

Chitty, Kay K. "A National Survey of AIDS Education in Schools of Nursing." Journal of Nursing Education, 28:150-155. April, 1989.

Chitty, Kay K. "Developing Acquired Immunodeficiency Syndrome Policies for Schools of Nursing: a Practical Guide." Journal of Professional Nursing, Vol. 5 No. 6. November/December, 1989.

Creighton, Helen. "When Can a Nurse Refuse to Give Care?" Nursing Management, Vol. 17 No. 3. March, 1986. p. 16-20.

Durham, J. "AIDS Policies Essential for Schools of Nursing." Journal of Professional Nursing, 4:233-234, 1988.

Hodges, Linda C. and Gaye W. Poteet. "The Tragedy of AIDS: a New Trial for Nursing Education." Nursing and Health Care, December, 1987. p. 565-568.

Hopp, Joyce W. and Elizabeth A. Rogers. AIDS and the Allied Health Professions. Philadelphia: The F.A. Davis Co. 1989.

Hurley, Patricia M. and Erline P. McGriff. "The Impact of AIDS on Nursing Education." Dean's Notes, 10(5), May, 1989.

Kadzielski, M.A. "Legal Implications for Health Care Providers." Health Progress, 67(4):48-52, 1986.

Kaplin, William A. The Law of Higher Education. San Francisco: The Jossey-Bass Publishers. 1986.

Kjervik, Diane K. "Legal and Ethical Issues: AIDS and the Duty to Warn." Journal of Professional Nursing, 6(1), January/February, 1990.

Lester, Lula B. and Betty J. Beard. "Nursing Student's Attitudes Towards AIDS." Journal of Nursing Education, 27:399-404. November, 1988.

Martorana, S.V., J.T. Kelly and Lawrence J. Nespoli. Politics, Law and Economics of Higher Education: Nova University Study Guide. Fort Lauderdale: Nova University Educational Text Series. 1987.

Matocha, Linda K. "Developing Procedures for Students Who Refuse to Care for a Client." Nurse Educator, 16:36-39. November/December, 1989.

McGuiness, Aims C. "The Federal Government and Postsecondary Education" in Altbach, Philip G. and Robert O. Berdahl, Eds. Higher Education in American Society. Buffalo, New York: Prometheus Books. 1981.

National Commission on the Role and Future of State Colleges and Universities, To Secure the Blessings of Liberty. Washington, D.C. American Association of State Colleges and Universities. 1986.

National League for Nursing. AIDS Guidelines for Schools of Nursing. The National League for Nursing. Ten Columbus Circle, New York, New York, 10009. August, 1988.

Sargent, Tracy A. "Meeting the Challenge of AIDS." Nurse Educator, 13(8), May/June, 1989.

Ungvarski, Peter J. "Nursing and HIV Infection: Risks, Rights and Responsibilities." Caring, August, 1988. p. 30-32.

Wiley, Katherine, Linda Heath and Marvin Acklin. "Care of AIDS Patients: Student Attitudes." Nursing Outlook, September/October, 1988.

APPENDIX A

DEAN/DIRECTOR'S SURVEY

October, 1990

TO: Deans/Directors, Southern California ADN Programs

FROM: Riverside Community College Faculty/Administrators

RE: Formulation of AIDS Guidelines/Policies in Clinical Setting

Dear Dean/Director,

Riverside Community College is currently in the process of developing cogent AIDS Guidelines and Policies related to nursing student assignment to AIDS patients in the clinical setting.

Your assistance is requested in responding to the brief questions on the attached survey.

Data generated about the status of AIDS policies in Southern California Associate Degree Nursing Programs will be made available upon request.

Thank you for your cooperation in completion of this survey.

Sharon J. Angrimson, RN, MSN
Dean, Allied Health Programs
Riverside Community College

Carolyn Sue Kross, RN, MSN
Former Dept. Chair, ADN Program
Riverside Community College

Please provide name and address of your institution:

_____

_____

_____

Telephone:

_____

Name of individual responding to survey:

_____

Thanks sincerely!

1. What is the total number of credit hours devoted to AIDS in your nursing courses?

   a. 1 - 3
   b. 4 - 6
   c. More than 6 hours
   d. AIDS content is integrated and credit hours cannot be determined

2. Do faculty attempt to ensure that all students are assigned to care for AIDS patients during their clinical experience?

   a. No
   b. Yes

   Comments:

3. Has your program/institution developed formal Guidelines/Policies related to AIDS?

   a. No
   b. Yes

4. Does your institution have a policy regarding the rights of students to refuse to care for AIDS patients?

   a. No
   b. Yes

5. If you answered "Yes" to the above question, Do students have the right to refuse to care for AIDS patients?

   a. No
   b. Yes

6. On what basis was this decision made?

7. If you have formulated AIDS Guidelines/Policies for your institution, are you willing to share these with others?

   a. No
   b. Yes

8. May we contact you for a copy of this policy if your answer to the above question is "yes"?

   a. Yes
   b. No

9. How do you see the issue of AIDS impacting political, legal and economic aspects of your NURSING PROGRAM?

10. How do you see the issue of AIDS impacting political, legal and economic aspects of your INSTITUTION?

11. If you do have established policies for AIDS exposure, what recommendations do you have for others that are in the process of policy formulation?

12. Other comments: (Use reverse if needed)

Thanks sincerely!

APPENDIX B

FACULTY SURVEY

CURRENT DATE

TO: NURSING FACULTY

FROM: SUE KROSS

RE: SURVEY REGARDING ASSIGNMENT OF STUDENTS TO PATIENTS WITH AIDS

Hello everyone! I am in the process of conducting a study for my course work at Nova University related to assignment of nursing students to patients with AIDS, and their potential refusal of such assignments. Your assistance in the completion of the attached questionnaire will be greatly appreciated.

Your responses will remain confidential--anonymity is ensured.

After completion of the questionnaire, would you please either place it in my mailbox or under my office door.

Please respond by _____ date or sooner.

Thanks sincerely for your cooperation. I look forward to seeing you soon.

NURSING FACULTY SURVEY

1. In the absence of a formal policy, would you assign students to a patient with AIDS?

   a. Yes b. No

   PLEASE EXPLAIN YOUR ANSWER:

2. Should nursing students be assigned to AIDS patients in the clinical setting?

   a. Yes b. No

   PLEASE EXPLAIN YOUR ANSWER:

3. Have you ever assigned students to patients diagnosed with AIDS?

   a. Yes b. No

   COMMENTS:

4. Are you willing to participate in clinical procedures with students that are assigned to AIDS patients?

   a. Yes b. No

   COMMENTS:

5. Do students have the right to refuse a clinical assignment?

   a. Yes b. No

   COMMENTS:

6. Do students have the right to refuse an AIDS patient assignment?

   a. Yes b. No

   COMMENTS:

7. What action should be taken if a student refused to care for an AIDS patient?

8. What circumstances would exempt students from caring for an AIDS patient?

9. Other comments/concerns not addressed here:

APPENDIX C

RESPONDENTS TO THE DEAN/DIRECTOR'S SURVEY

SUE KROSS
NURSING CURRICULUM COMMITTEE

AIDS GUIDELINE/POLICY FORMULATION

RESPONSES TO DEAN/DIRECTOR'S SURVEY. PARTICIPANT SCHOOLS: (n = 25)

1. City College of San Francisco
2. Cerritos College- Norwalk
3. Chabot College- Hayward
4. College of San Mateo
5. College of the Canyons- Valencia
6. College of the Redwoods- Eureka
7. College of the Sequoias- Visalia
8. Contra Costa College- San Pablo
9. Cuesta College- San Luis Obispo
10. Cypress College- Cypress
11. El Camino College- Torrance
12. Evergreen Valley College- San Jose
13. Hartnell College- Salinas
14. Imperial Valley College- Imperial
15. Los Angeles Harbor College- Wilmington
16. Los Angeles Trade Technical College
17. Long Beach City College
18. Palomar College- San Marcos
19. Pasadena City College
20. Rio Hondo College- Whittier
21. Saddleback College- Mission Viejo
22. San Diego City College
23. Santa Monica City College
24. Southwestern College- Chula Vista
25. Victor Valley College- Victorville

APPENDIX D

RIVERSIDE COMMUNITY COLLEGE POLICY FOR ASSIGNMENT TO AIDS/HIV-SEROPOSITIVE CLIENTS

RIVERSIDE COMMUNITY COLLEGE
NURSING EDUCATION PROGRAM

APPROVED (12/17/90)

Policy for Student Assignment to AIDS/HIV-Seropositive Clients

Nursing faculty at Riverside Community College agree that clients diagnosed as AIDS/HIV-seropositive may be assigned to nursing students. It can be assumed that nursing students are routinely working with undiagnosed HIV-seropostive clients who either have not been tested, or who may have been labeled with false-positive or false-negative HIV test results. Additionally, test results on high-risk clients may not be available to health care workers until after the nursing student has completed assigned client care. Throughout the nursing education program, students should consider that all clients are potentially HIV-seropositive. Therefore, strict adherence to the current universal precautions advocated by the Centers for Disease Control is required for all clients at all times and will provide protection for students during clinical practice. Faculty will ensure that the contracting clinical agency provides adequate safeguards and equipment for students and staff.

After mastering essential critical elements, nursing students may be assigned to AIDS/HIV-seropositive clients in the clinical setting, at the discretion of the clinical instructor. Prior instructor determination must be made that the experience will provide beneficial opportunities, appropriate to the semester level of the student, to meet required clinical objectives that cannot be met by another client assignment. Students who are pregnant or immunocompromised, with physician verification, may be exempted at instructor discretion from working with AIDS/HIV-seropositive clients.

Student requests to be assigned to AIDS/HIV-seropositive clients will be considered by the instructor, who will determine that the selected AIDS/HIV-positive client does not pose a significant hazard to the student, such as demonstrating uncooperative and/or irrational behavior. The nursing faculty acknowledges that the risk to the student caring for the AIDS/HIV-seropositive client may be greater than the risk posed to the other, more experienced, health care workers in the same setting. The faculty believes that the psychomotor and cognitive learning domains regarding these clients can be duplicated with assignment to other clients and/or with alternate assignments. However, affective learning experiences may be unique with an AIDS/HIV-seropositive client; therefore, the instructor may design a modified assignment with the AIDS/HIV-seropositive client to meet these learning needs.

The American Nurses' Association Code of Ethics with annotated guidelines states:

> "The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problems. However, the nurse may refuse to participate in patient care on the grounds of patient advocacy, objection to a specific type of intervention, or when the personal risk that a nurse incurs in performance of service outweighs benefits to the client."

Educational experiences are provided throughout the entire program which prepare the graduate to administer comprehensive nursing care to all clients.

APPENDIX E

NARRATIVE RESPONSES TO DEAN/DIRECTOR'S SURVEY

DEAN/DIRECTOR'S SURVEY RESPONSES

1. What is the total number of credit hours devoted to AIDS in your nursing courses?

   a. 1 - 3 (5)
   b. 4 - 6 (1)
   c. More than 6 hours (5)
   d. AIDS content is integrated and credit hours cannot be determined (16)

   *More than one response: (2)

COMMENTS:

1.) Ped. Ob. Psych. M.S.
2.) Usually 5 clock hours
3.) More than 6 hours- but integrated
4.) Total number of lecture hours

2. Do faculty attempt to ensure that all students are assigned to care for AIDS patients during their clinical experience?

   a. No (14)
   b. Yes (6)

   Blank: (5)

COMMENTS:

1.) It is part of their normal experience. Hospitals we use have patients with AIDS all over the hospital.
2.) Many times patient's diagnosis is not known. Instructors do assure that students do not avoid AIDS patients.
3.) Students care for patients to meet clinical objectives--if AIDS patients assist in this learning they will be assigned.
4.) Some do: We have limited AIDS clients at current time.
5.) We don't have that many.
6.) Yes- generally not until second year.
7.) Unable to answer this question at this time. (In position of Director 1 week
8.) We don't always have the ability to give each student this experience.
9.) Yes- AIDS pt. assigned by virtue of patient population.
10.) No- It is likely most students do care for AIDS patients.
11.) No- Students select own patients.
12.) No- Probably not-- there is no formal policy related to this.
13.) No- *Depends upon course objectives. *Cannot ensure that all students care for client with AIDS.
14.) (Blank) Varies—in fundamentals, only after isolation technique discussed in med-surg. Students select patients. Most do select AIDS patients.

3. Has your program/institution developed formal Guidelines/Policies related to AIDS?

   a. No (13)
   b. Yes (11) Blank: (1)

COMMENTS:

1.) Yes- in process.
2.) Yes- sort of--we do have an infection control policy that is based on CDC guidelines.
3.) No- we abide by NLN recommendations.

4. Does your institution have a policy regarding the rights of students to refuse to care for AIDS patients?

   a. No (21)
   b. Yes (4)

COMMENTS:

1.) No- BRN guidelines say students are to care for all patients regardless of race, creed and disease.
2.) No--but student feelings are certainly considered.
3.) Yes. They may not refuse unless they are immunosuppressed (students) or pregnant.

5. If you answered "Yes" to the above question, Do students have the right to refuse to care for AIDS patients?

   a. No (7)
   b. Yes (6) Blank: (12)

COMMENTS:

1.) Students are counseled about such a refusal.
2.) No--unless, as is true in work setting, are immunocompromised or otherwise physically at risk.

6. On what basis was this decision made?

COMMENTS:

1.) Individual.
2.) We state in our program brochure that students will be expected to care for clients of all ages, races, cultures and diagnoses including AIDS.
3.) Students have real fears about personal liability and sometimes need special advising to come to terms with the AIDS issue.
4.) Individual rights--we do talk as to reason and offer ways to relieve fears and then encourage. They are never forced to, however.
5.) We don't allow students to select/not select clinical experiences on the basis of any diagnosis.
6.) They don't always have the full deck of content.
7.) We don't assign pregnant etc. students to patients with infectious diseases.
8.) On the basis of nursing code of ethics and guidelines from Center for Disease Control.

cont.

9.) Individual rights--however student is counseled on this type of refusal--appropriate behaviour for a nurse.
10.) NLN guidelines--position statements. No discrimination of people or diseases!
11.) Students are informed before entering that this is part of the curriculum so if they come they care for assigned patients.
12.) Staff decision--nurses care for clients with disease--not just safe patients.

7. If you have formulated AIDS Guidelines/Policies for your institution, are you willing to share these with others?

a. No (0)
b. Yes (12) Blank: (12)

COMMENTS:

1.) Yes--but we have none.
2.) We have not been heavily impacted so I don't think we have anything significant to share. Sorry.
3.) Don't have one.
4.) Make request through student Health Services as well as Dept. of Nursing.
5.) No formalized guidelines exist.
6.) Yes, when done.
7.) Yes, again- policy is in regard to infection control.
8.) See attached.
9.) Don't have any.

8. May we contact you for a copy of this policy if your answer to the above question is "Yes"?

a. Yes (11)
b. No (0) Blank: (7) N/A: (7)

COMMENTS:

1.) I have enclosed a statement from our Student Handbook.

9. HOW DO YOU SEE THE ISSUE OF AIDS IMPACTING POLITICAL, LEGAL AND ECONOMIC ASPECTS OF YOUR NURSING PROGRAM?

1.) 0 - None
2.) Nothing.
3.) Not much.
4.) 0
5.) A major part of what we need to address in these areas is exemplified.
6.) Increased need for tertiary care which leads to increased need for nurses.
7.) In major ways, admission criteria/informing students, legal implications of student exposure and/or admission of HIV+ students, impact on curriculum.

8.) Makes some students and faculty anxious.
9.) Enormously!
10.) They are patients like any others. Has not deterred applications.
11.) Part of major health problem content—we are an L.A. urban school.
12.) Cost of disposable gloves.
13.) None- should not be treated any differently.
14.) I feel it has affected recruitment to nursing—but probably not significantly so.
15.) Treat these patients like any other patient.
16.) Economically affecting Workman's Compensation—needle stick injuries with sterile/unsterile mostly. Legal— Issues related to refusal to care for AIDS patients--possibly, who knows will unfold.
17.) Uncertain.
18.) Yes! We had a student who was looking very ill and with congested cough and what occurred got ugly!
19.) I try to minimize it but certainly there is the potential for enormous impact.
20.) Yes, increasingly. As the problem will continue to absorb our dollars and time, no school of nursing will be able to refuse to deal with it.

10. HOW DO YOU SEE THE ISSUE OF AIDS IMPACTING POLITICAL, LEGAL AND ECONOMIC ASPECTS OF YOUR INSTITUTION?

1.) None- College has a Gay and Lesbian Dept.
2.) Potential legal problems with subsequent economic impact.
3.) No effect.
4.) Not too heavily—at least so far.
5.) 0
6.) We had our first student leave because of the realization that nursing involved care of patients with AIDS.
7.) Certainly we anticipate loss of people in young age group of 20-40- which is our student and employer pool.
8.) Concerns regarding its liability to students, people cared for by students and the community,.
9.) Makes some students and faculty anxious.
10.) Not that much.
11.) Introduction of universal precautions used at all institutions and taught in program.
12.) Not much other than increased curriculum costs.
13.) Political—gay and lesbian groups will have an issue to legitimize their existence.
14.) None.
15.) Only in recruitment area.
16.) Financially.
17.) Less.
18.) If all patients are treated as potential AIDS patients your nurses will be protected. It is going to continue to impact all three increasingly.

11. IF YOU DO HAVE ESTABLISHED POLICIES FOR AIDS EXPOSURE, WHAT RECOMMENDATIONS DO YOU HAVE FOR OTHERS THAT ARE IN THE PROCESS OF POLICY FORMULATION?

1.) All students each semester must read required by hospital. "Universal protection"--discuss...educate.
2.) Hospitals have been very supportive and vigilant with our students who suffer needlestick or blood contact. The E.R. usually draws a blood sample to establish a baseline.
3.) Contact public health department--also we contacted each hospital to get procedures they use for employee if possibly exposed.
4.) Correlate with hospital(s) and school policy--and do as you are doing. See what other programs are doing. Good luck.
5.) Try not to over specify--follow CDC Guidelines. Probably most important is planning orientation of students to care for patients with AIDS.
6.) Same as Hepatitis B exposure.
7.) Very interested in the results of your survey.
8.) Full discussion helps get a commitment to using all precautions.
9.) Use reporting methods of hospital where occurred, tracking, Reported to Workman's Compensation.
10.) N/A
11.) We do not have a policy on AIDS exposure. I assume/intend that we will follow the Guidelines of the Center for Disease Control.
12.) Whatever hospital policy is.
13.) No real well established policies. However, there is a group out of UCLA that is very involved with policy formation and curriculum development. If you don't already have this resource information, give me a call and I will get names and phone numbers for you.
14.) Check to see what policies are utilized in your clinical agencies.
15.) Ours seem to work--but there has been no particular challenge.
16.) To go with C.D.C. guidelines.

12. OTHER COMMENTS:

1.) Are you planning to share the results with interested programs?
2.) Please send me any copies of good guidelines. We also talk about University of Nevada guidelines.
3.) I emphasize the historical role of nurses which has (except for last 30-40 years) always included caring for communicable, possibly fatal diseases. We do not use agencies that do not have equipment and policies which follow CDC guidelines for universal precautions.

APPENDIX F

NARRATIVE RESPONSES TO FACULTY SURVEY

RESPONSES TO R.C.C. NURSING FACULTY SURVEY

#1. In the absence of a formal policy, would you assign students to a patient with AIDS?

Comments: 1) Not in the semester I teach, which is early in the program. However, I hold all students responsible for utilizing universal precautions with all patients they are assigned.

2) Yes, at N4 level. 3) Yes, all pts. should be treated
4) Not on N1 level. 5) If learning experiences not available with other pts.
5), No, not if comparable experiences were available 6) Would depend but as of now I do not feel I can supervise the students adequately at their present level of performance 7) Yes- it does depend on skill level of student
8) In final clinical course, but not before 9) Yes, after the student has had content taught in medical asepsis, isolation, AIDS 9) Yes, I have on numerous occasions since 1984

#2 Do you feel that nursing students should be assigned to AIDS pts. in the clinical setting?

1) In their last semester 2) Many times they are diagnosed after student has cared for the patient. 3) Yes, so long as nursing instructor works with student and only in later semesters (N3,N4) 4) Yes, with reservations. Perhaps no IVs or IMs. 5) Not if comparable experiences are available.
6) Yes, but the student must have experienced hands-on and therefore is able to handle isolation technique as well as new skills etc. If the level of illness is such that student can handle, yes. 7) Depends on skill level
8) In advanced courses only AND after documented theory content.

#3 Have you ever assigned students to patients diagnosed with AIDS?

1) Yes- at N4 level 2) Yes. A majority of them did not know they had an AIDS patient. The lab report was not in. 3) Yes- no IVs, IMs
4) Yes. But not intentionally. One was negative for antibodies but succumbed very suddenly with other problems. One other time due to change in other patients/assignments, a student cared for an AIDS patient.
7) No, no opportunities yet; however HIV+ yes 8) Yes, at student request. I hesitate to assign involuntarily, since we have no policy to support such assignment.

#4 Are you willing to participate in clinical procedures with students that are assigned to AIDS patients?

1) Yes, but as I mentioned, I do not feel it is appropriate for students at my semester level to be assigned to known AIDS patients. 2) Would depend on patient. Would not assign to patient who was not positively participating in his care ie., spitting, biting, hitting—in other words when student chance to be injured was increased.

#5 Do students have the right to refuse a clinical assignment?

1) Yes, if student has statement from physician indicating danger to student health. 2) No, not generally 3) Yes, with justifiable cause—as above or if institution was not using appropriate technique. 4) If there is safety factors ie. student who thinks she may be pregnant, not care for client receiving chemotherapy. 5) Yes—I think if students have strong opposition to a particular assignment AND the learning objective (s) can be met in some other way, no purpose (other than to increase anxiety and resentment and possibility of legal action) is served by insisting. 6) No- I have never had this situation. I would listen to the student and if it's a very valid reason, I would consider changing the assignment. 7) Yes- as would staff nurses (eg.) during first trimester of pregnancy if client has CMV

#6 Do students have the right to refuse an AIDS pt. assignment?

1) No- nurses do not have this right at hospitals, I believe that would be patient abandonment. 2) No- discuss with instructor 3) Yes- if student is immobilized by concern and will not be effective in nursing care 4) - ?- not sure 5) Yes- if the experience can be duplicated in another situation 5) Yes- when there is some safety factor ie. uncooperative, combative client a student may not have the experience to handle and keep isolation technique intact. 6) Yes- see above, although I would like to have legal opinion on that 7) Yes- see above

#7 What action should be taken if a student refused to care for an AIDS pt?

1) It would not happen in Nsg. 1.
2) It should be specified in a policy which all students are required to sign. before entering the program that refusal to accept a clinical assignment will result in immediate dismissal from the program.
3) Same as refusal for any other pt.
4) Work with the student on why—focus on equality of care, philosophy of care
5) Change the assignment. Discuss reasons for refusal.
6) Connect. Arrange no Im/Iv procedures.
7) Don't have any idea. We need to check legal aspect with authorities???
8) 1) Counseled to determine reason for refusal etc. 2) Give alternate clinical assignment for the day if refusal is not changed by student by counseling. 3) Written up and referred to Dean 4) Important for instructor to support student if she does accept the challenge of any client requiring isolation technique.
9) 1) Identify "why". 2) Provide education and skill training in infection control practices to increase skill and confidence.
10) 1) Immediately plan for other care for that patient. 2) Discuss student's fear/concerns. 3) Present information 4) Consider introducing student to patient, assign a communication only exercise.
11) I would have a conference with the student to determine the reason for refusal. Perhaps re-education is needed.
12) Talk with student to determine reason. Allay fears of unknown. Provide information if lack of information. Discuss ethical aspects. Offer student choice or original or change of assignment.

#8 What circumstances would exempt students from caring for an AIDS pt??

1) Nsg 1 - unskilled.
2) If the student is in an immune-suppressed state him/herself, PERHAPS. Requires further discussion.
3) Pregnancy— ambivalent about this.
4) None
5) ↓Immune disease
6) See # 8 and 9
7) 1) Combative and uncooperative client. 2) Students who are 1st & 2nd semester student and at present for 3rd semester students because of their lack of hands-on experience. 3) Seriousness of illness of the client with AIDS, is beyond the expected level of students capabilities.
8) Level of care needed by the patient and the skill level of the student
9) Immunosuppressed state, including pregnancy. Strong opposition.
10) I don't know of any except if the student has not content on medical asepsis, isolation and AIDS.
11) When risk to student is greater than risk to other health care workers.

#9 Other comments not addressed:

1) Believe there is a difference between isolation technique of clients, say MRSA and clients with AIDS because of the consequence if technique is broken.
2) Good questionnaire!